

NOTICE OF CONTRACTING OPPORTUNITY AND  
APPLICATION FOR NAVY CONTRACT POSITION:  
UROGYNECOLOGIST , PORTSMOUTH, VA  
JUNE 08, 2001

THIS IS NOT A CIVIL SERVICE POSITION

**I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATION IS 3:00 PM EST ON OR BEFORE JULY 02, 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:**

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: CODE 02/Kathyann Guertin  
1681 Nelson Street  
FORT DETRICK, MD 21702-9203  
Telephone: 301-619-2464

**A. NOTICE.** This position is set aside for individual Urogynecologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

**B. POSITION SYNOPSIS: Urogynecology Physician.** The Government is seeking to place under contract an individual who (a), holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. and (b), a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association or, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association or, permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG). This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award (Sections D. and E.).

1. Services shall be provided in the Obstetrics/Gynecology Department, Naval Medical Center, Portsmouth, Virginia.

2. You shall normally provide services for a 9.5 hour period between the hours of 0700-1630 (to include an uncompensated 1 hour for lunch) on Monday through Friday. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties, except shifts subsequent to the watch standing requirement specified in Section C Standard Duties paragraph 3.

3. You shall accrue six hours of annual leave (vacation) and two hours of sick leave at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day except as discussed in Section II, C. Standard Duties, paragraph 3. You shall be compensated by the Government for these periods of planned absence.

4. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

## **II. STATEMENT OF WORK**

NOTE: The use of "Commander" means: Commander, Naval Medical Center, Portsmouth, Virginia or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

**A. SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker(s) is(are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury

lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are **not** required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

## **B. OTHER WORK ISSUES**

You shall provide, in accordance with this statement of work, general gynecological, urogynecological care and general obstetrical care, instruction to residents, interns, medical students and physicians assistant students in gynecology, simultaneously attending comprehensive walk-in patients and emergency consults in the Obstetrics/Gynecology Department, Naval Medical Center Portsmouth, VA.

While on duty, you shall not advise, recommend or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the physician when he or she is not on duty, or from a partner or group associated in practice with the physician, except with the express written consent of the Commander. You shall not bill individuals entitled to services rendered pursuant to this contract.

You shall be neat, clean, well groomed and, in appropriate clothing when in patient care and public areas. All clothing shall be free of visible dirt and stains and, shall fit correctly. Fingernails shall be clean and free from dirt and hair shall be neatly trimmed and combed. You shall display an identification badge, furnished by the Government, on the right breast of your outer clothing, which includes your full name and professional status.

You shall be physically capable of standing for extended periods of time and capable of normal ambulation.

You shall comply with Executive Order 12731 of 17 Oct 1990, (55 Fed. Reg. 42547), "Principles of Ethical Conduct for Governments Officers and Employees" and, shall also comply with Department of Defense (DOD) and Department of the Navy (DON) regulations implementing this Executive Order.

You are not prohibited, by reason of employment under this contract, from conducting a private practice or other employment so long as there is no conflict with the performance of duties under this contract. However, such private practice or other such employment shall not be conducted during those hours in which the physician is required to render services under this contract. You shall make no use of Government facilities or property in connection with such other employment.

When required, to ensure completion of services that extend beyond the normal close of business, you shall remain on duty in excess of the scheduled shift. You will be given an equal amount of compensatory time to be scheduled upon mutual agreement between you and the Chairman, Obstetrics and Gynecology Department.

You shall read, write, speak and understand the English language fluently.

**C. DUTIES AND RESPONSIBILITIES.** Your actual clinical activity will be a function of the Commander's credentialing process and the overall demand for OB-GYN services.

## **ADMINISTRATIVE AND TRAINING REQUIREMENTS.** You shall:

1. Provide training and/or direction as applicable to supporting Government employees (i.e. students, interns, residents, technicians) assigned to you during the performance of clinical procedures. You shall perform limited administrative duties that include maintaining statistical records of your clinical workload, participating in education programs, and participating in clinical staff Performance Improvement functions and Process Action Teams, as prescribed by the Commander.
2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to OB-GYN services.
4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
5. Participate in the implementation of the Hospital's Family Advocacy Program as directed.
6. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four hours, and up to a maximum of 40 hours.
7. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

#### **STANDARD DUTIES.**

1. You shall perform a full range of obstetric and gynecological procedures on site; using Government furnished facilities, equipment and supplies. Caseload includes scheduled and unscheduled requirements for care.
2. Routine workload is scheduled by the treatment facility. Primary workload is a result of scheduled appointments. Secondary workload is the result of consultation requests submitted to the specialty clinic by other staff physicians. You are responsible for a full range of diagnostic examinations, the development of comprehensive treatment plans when indicated, delivery of treatment within the personnel and equipment capabilities of the medical treatment facility, provision of mandated medical surveillance and preventive services and the quality and timeliness of treatment records and reports required to document procedures performed and care provided. You shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff healthcare providers who have been referred for consultation and treatment.
3. Unscheduled services may be required at any time during the day or night, including weekends and holidays, and are to be provided on a watch standing basis. You shall rotate watch standing with other obstetrician gynecologists from the Obstetrics and Gynecology Department, including Navy obstetrician gynecologists. The watch standing physician must be physically present at Naval Medical Center Portsmouth, VA. Watch standing can be expected to occur approximately every 10 to 15 days. These services will be stood weekdays from the end of normal working hours until 0700 the following morning and on weekends and federal holidays from 0800 to 0800 the following day (a 24 hour period). You will be assigned a pager to facilitate provisions of these services. Replacement costs if these are lost or damaged through negligence shall be borne by the physician. Assignment of these watches will be according to the watch bill. The watch bill is the responsibility and prerogative of the Chairman of the Obstetrics and Gynecology Department or his/her designated representative.
4. You shall direct supporting Government employees assigned to them during the performance of clinical procedures. You shall perform administrative duties which include maintaining statistical records of his or her clinical workload, participating in obstetrical gynecological education programs, preparing documentation for promotional boards, and participating in clinical staff quality improvement functions as prescribed by the Commander.
5. Actual physician clinical activity will be a function of the Commander's credentialing process and the overall demand for obstetrics and gynecological services. Your productivity is expected to be comparable to that of other obstetrician gynecologists assigned to the same facility and authorized the same scope of practice. You shall:
  - 5.1. Provide special knowledge, skills and professional capabilities in medical and surgical care of the female reproductive system and associated disorders, such that it distinguishes them from other physicians and enables them to serve as consultants to other physicians and as a primary physician for women. These include:
    - 5.1.1. Diagnose and manage clinical problems associated with women's health.
    - 5.1.2. Obtain a pertinent medical history and conduct a physical examination of each patient presenting for treatment.
    - 5.1.3. Interpret gross and microscopic pathology, x-ray films, sonograms and related material from photographic slides.

- 5.1.4. Coordinate with other departments of the medical center staff to provide complete care to obstetric and gynecological patients.
- 5.1.5. Independently perform major gynecological operations.
- 5.1.6. Independently manage spontaneous and operative obstetric deliveries.
- 5.1.7. Evaluate and treat abnormal Pap Smears.
- 5.1.8. Arrange admission of seriously ill obstetrics and gynecology patients to the hospital and act as attending physician.
- 5.1.9. Evaluate patients for family planning services; including, prescribing medications, fitting devices and educating patients. The physician shall provide an effective plan to the patient.
- 5.1.10. Provide inpatient obstetrical and gynecological care, including rounds.
- 5.2. Provide special knowledge, skills and professional capabilities in medical and surgical care of the female reproductive system and associated disorders in an enthusiastic and dedicated manner.
  - 5.2.1. Provide didactic instruction and demonstration of OBG procedures.
  - 5.2.2. Supervise care delivered by residents and other house staff and their trainees as requested by the Chairman Obstetrics and Gynecology Department.
  - 5.2.3. Instruct OBG residents in gynecological surgery in the operating room and assist with the performance of each surgery.
  - 5.2.4. Monitor and discuss gynecological core curriculum presentations with residents, interns, medical students and physicians assistant students in OBG Clinic.
  - 5.2.5. Encourage and assist with clinical investigations and publications by residents.
  - 5.2.6. Monitor proposed resident animal surgery experience.
  - 5.2.7. Teach operative vaginal deliveries utilizing the mannequin, with the approval of the Commander.
  - 5.2.8. Review the records of patients treated by residents, interns, medical students, and physician assistants before the patient leaves the Specialty Clinic.
  - 5.2.9. Perform chart reviews, teaching rounds and lectures for medical students, interns, residents, physician assistants and staff physicians.
  - 5.2.10. Provide training in urogynecology procedures, bowel repair and resection for residents, medical students and other trainees delivering care under supervision in the Obstetrics and Gynecology Department and Inpatient Services.
- 5.3. The physician shall provide consultation such that it distinguishes them from other physicians and enables them to serve as consultants to other physicians and as primary physician for women, including but not limited to:
  - 5.3.1. Provision of immediate consultation to aid in the evaluation and management of emergent/urgent patients.
  - 5.3.2. Coordination with other departments and hospital staff to provide complete care to gynecology patients.
  - 5.3.3. Provision of consultation for pregnancy testing and examination.
- 5.4. At the request of authorized personnel, you shall respond to emergencies inside the MTF.
- 5.5. You shall provide and document medical advice to patients by telephone as appropriate and in accordance with MTF protocols.

5.6. You shall attend periodic meetings of department staff to review and evaluate the care and treatment provided to patients. Review compliance with MTF quality control program and the standard operating procedures of the MTF.

5.6.1. You shall provide consultation concerning academic matters to the Commander.

**D. MINIMUM PERSONNEL QUALIFICATIONS.** To be qualified for this position you must:

1. Have a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association or, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association or, permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG); (**Attachment I, Item II**) and,

2. Have Board Certification as an Obstetrician Gynecologist as determined by the American Board of Obstetrics and Gynecology; (**Attachment I, Item III**) and,

3. Have a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. Physicians, not currently in possession of a license to practice medicine from the State of Virginia must acquire from the state and maintain a valid license at no cost to the Government, within 120 days of contract award (**Attachment I, Item V**), and,

4. Have experience as a obstetrician gynecologist of at least 24 consecutive months, post residency, within the preceding 36 months; (**Attachment I, Item VIII**), and,

5. Have documentation of advanced and special skills or specialized training in Urogynecology; (**Attachment I, Item IX**), and,

6. Have successfully completed of at least 25 hours of continuing education within the preceding two years which maintains skills and knowledge as a Obstetrician Gynecologist (**Attachment I, Item VI**),; and,

7. Have current certification Basic Life Support (BLS Level C); (**Attachment I, Item VII**), and,

8. Have a current Federal (DEA number) narcotics license. Physicians, not currently in possession of a narcotics license from the State of Virginia must acquire from the state and maintain a valid license at no cost to the Government, within 120 days of contract award; (**Attachment I, Item IV**), and,

9. Provide letters of recommendation from three practicing obstetrician/gynecologists attesting to the physician's clinical skills. Recommendations must include name, title, phone number, date of reference, address and signature of the individual providing the recommendation. Letters of recommendation must have been written within the preceding 3 years; and, (**Attachment 1, Item X**).

10. Represent an acceptable malpractice risk to the Navy. (**Attachment 1, Page 1**).

11. Possess U.S. employment eligibility per Attachment 3. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States. (**Attachment 1, Item XI**).

**E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Prior experience teaching or overseeing residents in graduate medical education settings accredited by the Residency Review Committee for OB/GYN. The Navy considers OBG physicians with a high degree of intensity and/or sustained involvement in training residents to be superior candidates. Physicians should address the following in their responses and add any other considerations deemed relevant to the quality and extent of their experience: How many years were you assigned to the faculty of the residency program? Estimate the average number of hours of professional workweek devoted to the supervision and teaching of OBG residents. How many OBG residents were you responsible for? Were you responsible for comprehensive OBG training or concentrated training in surgery, labor & delivery, research or clinic settings?

2. Experience as an OBG Subspecialist in Urogynecology. The Navy will consider quality as well as quantity. For example, experience devoted exclusively to the subspecialty will rank higher than a lesser percentage of practice.
3. Documentation of successful completion of a fellowship in Urogynecology from a program accredited by the Residency Review Committee for OB/GYN.
4. Membership in the American College of Obstetricians and Gynecologists, the American Gynecological and Obstetrical Society, the Association of Professors of Gynecology and Obstetrics or other professional organizations that promote the specialty of Obstetrics and Gynecology. The Navy will rank applicants based on their level of involvement along with cumulative years of service in the organization. Generally, the Navy considers service as a national officer or committee chair to be most desirable, local or state officer or committee chair to be more desirable and membership in one or more of the listed organizations to be desirable. The Navy considers status as a fellow in the organization more desirable than regular membership.
5. Prior military experience or civilian experience in a military medical treatment facility as an obstetrician gynecologist.
6. Documentation of advanced and special skills; for example, certification in Neonatal Resuscitation Program (NRP), certification in Advanced Cardiac Life Support (ACLS) or certification in Advanced Trauma Life Support (ATLS).

**F. INSTRUCTIONS FOR COMPLETING THE APPLICATION:** To be qualified for this contract position, you must submit the following:

1. \_\_\_\_ Two copies of a completed Personal Qualifications Sheet – Urogynecology Physician (Attachment 1).
2. \_\_\_\_ A completed Pricing Sheet (Attachment 2)
3. \_\_\_\_ A completed CCR Application Confirmation Sheet (Attachment 4)
4. \_\_\_\_ A completed Small Business Program Representations form (Attachment 5)
5. \_\_\_\_ Three letters of recommendations per paragraph D.4.above. (Two copies of each letter)

**G. OTHER INFORMATION FOR OFFERORS**

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

As of June 30, 1998, all contractors must be registered in the Central contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. Please see Attachment 4 for additional information. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the RP. Any contractor who is not registered in CCR will not get paid.

You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

If you are awarded the contract, you will be required to complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Credentials Review and Privileging, detail the ICF requirements for

physicians. A copy of this instruction may be obtained from the World Wide Web at: <http://nmimc-web1.navy.mil/bumed/instruct/external/6320.66C.pdf>.

A complete, sample contract is available upon request.

Any questions must be directed to Kathyann Guertin who may be reached at (301) 619-2464 or via e-mail [kguertin@us.med.navy.mil](mailto:kguertin@us.med.navy.mil).

### III. REGULATORY COMPLIANCE REQUIREMENTS

#### A. HEALTH EXAMINATION

1. The health care workers shall obtain, at contractor expense, a statement from the health care worker's physician or a report of a physical examination within 60 days prior to contract start indicating that the health care worker is free from mental or physical impairments which would restrict the health care worker from providing the services described herein. Health care workers hired after contract start shall be required to provide a physical exam statement or report obtained within 60 days prior to performance of services. The statement must contain the following information: "Having performed a physical examination on the person named below on (insert date), the following findings are true and accurate:

a. (Name of health care worker) is suffering from no physical disability that restricts them from providing services as a (specialty).

b. (Name of health care worker) is not suffering from sexually transmitted or other contagious diseases that restricts them from providing services as a (specialty).

c. (Name of health care worker) has (circle the applicable number):

(1) Received at least three doses of recombinant hepatitis B vaccine currently licensed in the United States, or,

(2) Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, or,

(3) Provided documentation of the health care worker's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines (declination on the basis of religious conviction or medical contraindication only), or,

(4) Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (CAP).

d. (Name of health care worker) shows immunity to Measles, Mumps and Rubella (MMR); varicella immune status; and a current PPD reading or evaluation as specified in Paragraph A.4."

\_\_\_\_\_ (signed)

Examining Physician

Examining Physician Information:

Name:

Address:

Telephone:

2. Except as provided in Paragraph A.3., below, no medical tests or procedures required by the contract may be performed by the MTF. Expenses for all required tests and/or procedures shall be borne by the contractor at no additional expense to the Government.

3. Further, the health care worker shall agree to undergo personal health examinations and such other medical and dental examinations at any time during the term of this contract, as the Commander may deem necessary for preventive medicine, quality assurance, or privileging purposes. These examinations will be provided by the Government. If the contractor chooses, these examinations may be provided by a private physician or dentist at no expense to the Government. Additionally the health care worker must be immunized annually with the influenza vaccine in accordance with the BUMED instruction currently in effect. This vaccine will be provided by the Government. Although this vaccine will be provided by the Government, it may be obtained at other facilities with the cost being borne by the health care worker. Unless vaccinated by the Government, the health care worker shall be required to show proof of the vaccination. If, the health care worker chooses to be immunized by the Government they shall be required to sign a waiver in accordance with MTF rules and regulations. If the health care worker declines the immunization, they must provide documentation of the waiver which declines the influenza vaccine (declination on the basis of religious convictions or medical contraindications only).

4. Prior to the commencement of performance under this contract, the Technical Liaison shall direct the health care worker to in-process through standard facility procedures. Health care workers who have patient contact must show immunity to Measles, Mumps and Rubella (MMR) through: Serological testing which shows sero-positivity to MMR or proof of vaccination (persons born prior to 1957 must have received one dose of MMR vaccine: persons born in 1957 or later must have received two doses of MMR vaccine). The health care worker shall provide evidence of varicella immune status or a statement of history of chicken pox. Additionally, health care workers must provide a current Purified Protein Derivative (PPD) reading, or evaluation if known PPD reactor, on an annual basis. The contractor is responsible for any expenses incurred for required testing.

5. The health care worker shall participate in the Command's Bloodborne Pathogen Program orientation as scheduled by the Senior Medical Department Representative. The health care worker shall also participate in annual training and training for new procedures with the potential for occupational exposure to bloodborne pathogens.

6. Management of HIV positive health care worker shall be consistent with current Centers for Disease Control (CDC) guidelines and Section 503 of the Rehabilitation Act (29 U.S.C Section 793) and its implementing regulations (41 CFR Part 60-741).

7. The health care worker shall comply with the CDC's "Universal Precautions" for prevention of the transmission of HIV during all invasive procedures.

8. The health care worker shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government telephones for personal business. All motor vehicles operated on these installations by the health care worker shall be registered with the base security service according to applicable directives. Eating by the health care worker is prohibited in patient care areas and is restricted to designated areas. Smoking is prohibited in all clinic facilities.

9. All financial, statistical, personnel, and technical data which is furnished, produced or otherwise available to the contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data shall not be released by the contractor without prior written consent of the Technical Liaison. Any presentation of any statistical or analytical materials, or any reports based on information obtained from studies covered by this contract, will be subject to review and approval by the Technical Liaison before publication or dissemination.

10. The Secretary of the Navy has determined that the illegal possession or use of drugs and paraphernalia in a military setting contributes directly to military drug abuse and undermines Command efforts to eliminate drug abuse among military personnel. The policy of the Department of the Navy (including the Marine Corps) is to deter and detect drug offenses on military installations and its outlying facilities. Measures to be taken to identify drug offenses on military installations, and to prevent introduction of illegal drugs and paraphernalia, include routine random inspection of vehicles while entering or leaving with drug detection dogs when available, and random



inspection of personal possessions on entry or exit. If there is probable cause to believe that a health care worker has been engaged in use, possession, or trafficking of drugs, the health care worker may be detained for a limited period of time until he or she can be removed from the installation or turned over to local law enforcement personnel having jurisdiction. When illegal drugs are discovered in the course of an inspection or search of a vehicle operated by a health care worker, the health care worker and vehicle may be detained for a reasonable period of time necessary to surrender the individual and vehicle to appropriate civil law enforcement personnel. Action may be taken to suspend, revoke, or deny installation driving privileges. Implicit with the acceptance of this contract is the agreement by the health care worker to comply with all Federal and State laws as well as regulations issued by the Commander of the military installation concerning illegal drugs and paraphernalia.

**B. CRIME CONTROL ACT OF 1990 REQUIREMENT:**

1. Section 21 of the Crime Control Act of 1990, 42 U.S.C. 13041, as amended by section 1094 of Public Law 102-190, requires every facility operated by the Federal Government (or operated under contract with the Federal Government) that hires (or contracts to hire) individuals involved in the provision of child care services to assure that all existing and newly-hired employees undergo a criminal background check. The term "child care services" is defined to include health and mental health care.
2. The Government will conduct criminal background checks on all contractor employees providing child care services under this contract based on fingerprints of contractor employees obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and State criminal history repositories.
3. Within 30 days after contract award, the contractor and all contractor employees shall provide all reasonable and necessary assistance to the Government, including compliance with the employment application requirements set forth in 42 U.S.C. 13041(d). Upon receipt of the results of a background check, the contractor further agrees to undertake a personnel action in accordance with 42 U.S.C. 13041(c), when appropriate.
4. With written recommendation from the Commander and the approval one level above the Contracting Officer, a contractor employee may be permitted to perform work under this contract prior to the completion of a background check, provided the employee is within sight and continuous supervision of an individual with a successful background check

### PERSONAL QUALIFICATIONS SHEET – UROGYNECOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D and E of the solicitation. **In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item X. of this Sheet.**

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, copy of BLS - C card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

#### PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

(mm/dd/yy)

## Personal Qualifications Sheet – UROGYNECOLOGIST

## I. General Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
           Last       First       Middle

Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

## II. Professional Education (Section D, Item 1):

M.D. Degree from: \_\_\_\_\_  
(Name of accredited School and location)

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

Additional Education:: \_\_\_\_\_  
(Name of accredited School and location)

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

**III. OB-GYN Board Certification:** \_\_\_\_\_ (mm/dd/yy) (Section D, Item 2)

**IV. DEA number:** List state and date of expiration (**Section D, Item 8**)

**V. Professional Licensure** (License must be current, valid, and unrestricted) (**Section D, Item 3**):  
 \_\_\_\_\_ (mm/dd/yy)

State	Date of Expiration
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**VI. Continuing Education (Factor for Award) (Section D, Section 6):**

[illegible]

**VII. Basic Life Support** Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. **(Section D. Item 7)**

Training Type listed on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/yy/dd)

**VIII. Professional Employment:** List your current and preceding employers. Provide dates as month/year. (Section D, Item 4):

**Name and Address of Present Employer**

**From**

**To**

(1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Names and Addresses of Preceding Employers**

**From**

**To**

(2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**From**

**To**

(3)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

\_\_\_\_\_

When does the contract expire? \_\_\_\_\_

**IX. Advanced and special skills or specialized training in Urogynecology. (Section D, Item 5):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**X. Professional References (Section D, Item 9):**

Provide three letters of recommendation from three practicing obstetrician/gynecologists attesting to the physician's clinical skills. Recommendations must include name, title, phone number, date of reference, address and signature of the individual providing the recommendation. Letters of recommendation must have been written within the preceding 3 years.

**XI. Employment Eligibility (Section D, Item 11):**

	Yes	No
Do you meet the requirements for U.S. Employment Eligibility contained in Attachment 3?	_____	_____

**XII. Additional Information:**

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

Prior experience teaching or overseeing residents in GME settings. (Section E, Item 1)

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Experience as an OBGYN Subspecialist in Urogynecology (Section E, Item 2)

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Completion of a fellowship in Urogynecology (Section E, Item 3)

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Membership in Professional Organizations (Section E, Item 4)

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**XIII. I hereby certify the above information to be true and accurate:**

_____	_____ (mm/dd/yy)
(Signature)	(Date)

### PRICING SHEET

**PERIOD OF PERFORMANCE:** Services are initially required from October 01, 2001 through September 30, 2002. Four option periods will be included, to extend the services through September 30, 2006 if needed. The Contracting Officer reserves the right to adjust starting and ending dates of performance contingent upon actual award date.

**PRICING INFORMATION:**

- a. Hourly Rates: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation when pricing your proposal. Your price should be high enough to sustain you, however, it should not be out of line with prices of other Urogynecologists in the Portsmouth, VA area. Unscheduled services (watch standing) referred to in Section C, Standard Duties, paragraph 3, will NOT be compensated separately. Allowance for these services needs to be reflected in the hourly price stated below. The Government will neither award a contract at a price that is too high or too low. **Please note that if you are awarded a Government contract position, you will be responsible for paying all applicable federal, state and local taxes. The Navy will not withhold any amount for taxes.** Your proposed prices should contain the amount you will pay in taxes.
- b. Liability Insurance: In addition, before commencing work under a contract, the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.
- c. Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 10 U.S.C. 1091. The full time equivalent annual rate is \$200,000.

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>TOTAL AMOUNT</u>
0001	The health care worker agrees to perform on behalf of the Government the duties of one <u>Full-time</u> Urogynecologist at the Naval Medical Center, Portsmouth, VA in accordance with the Statement of Work.				
0001AA	Base Period-01 Oct 01 through 30 Sep 02	2088	HRS	\$ _____	\$ _____
0001AB	Option Period I-01 Oct 02 through 30 Sep 03	2088	HRS	\$ _____	\$ _____
0001AC	Option Period II-01 Oct 03 through 30 Sep 04	2096	HRS	\$ _____	\$ _____
0001AD	Option Period III-01 Oct 04 through 30 Sep 05	2088	HRS	\$ _____	\$ _____
0001AE	Option Period IV-01 Oct 05 through 30 Sep 06	2080	HRS	\$ _____	\$ _____

**TOTAL (CONTRACT LINE ITEM NUMBERS 0001) \$ \_\_\_\_\_**

PRINTED NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>LISTS OF ACCEPTABLE DOCUMENTS THAT ESTABLISH IDENTITY AND EMPLOYMENT ELIGIBILITY</b>			
<b>LIST A</b> <b>Documents that Establish Both</b> <b>Identity and Employment</b> <b>Eligibility</b>	<b><u>OR</u></b>	<b>LIST B</b> <b>Documents that</b> <b>Establish Identity</b>	<b><u>AND</u></b> <b>LIST C</b> <b>Documents that Establish</b> <b>Employment Eligibility</b>
<ol style="list-style-type: none"> <li>1. U. S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)</li> <li>3. Certificate of Naturalization (INS Form N-550 or N-570)</li> <li>4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization</li> <li>5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)</li> <li>6. Unexpired Temporary Resident Card (INS Form I-688)</li> <li>7. Unexpired Employment Authorization Card (INS Form I-688A)</li> <li>8. Unexpired Reentry Permit (INS Form I-327)</li> <li>9. Unexpired Refugee Travel Document (INS Form I-571)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. U.S. Social Security Card issued by the Social Security Administration (other than a card stating it is not valid for employment)</li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (INS Form I-197)</li> <li>6. ID Card for use of Resident Citizen in the United States (INS Form I-179)</li> <li>7. Unexpired employment authorization document issued by the INS (other than those listed under List A)</li> </ol>

**CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/>. If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com>.

Complete the following and submit with initial offer:

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date CCR Form was submitted:** \_\_\_\_\_

**Assigned DUN & BRADSTREET #:** \_\_\_\_\_

**Assigned CAGE Code:** \_\_\_\_\_



**ATTACHMENT 5****SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

**Section A.**

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ ( ) The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

☐ Black American.

☐ Hispanic American.

☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : \_\_\_\_\_

Notice of Contracting Opportunity No.: \_\_\_\_\_